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## Representations of Mental Health Problems in the UK Press: A Focus Group Study

Laura A. Cariola

*It is a well-known fact that sensationalist newspaper reports reinforce existing public stigma against individuals with mental health problems. To better understand the impressions that people with mental health problems have of press representations of mental health problems, and the negative consequences newspaper reporting can have on those affected, two focus groups and five interviews were conducted with 16 participants (aged 24 to 72 years) who were directly or indirectly affected by mental health problems. Recordings were transcribed verbatim, coded and analysed using deductive and inductive coding approaches to thematic analysis. Two main themes were developed: perceived misrepresentations about mental health problems, and perceived consequences of misrepresentations. The results from this focus group study highlight how misrepresentations of mental health problems in the press create and reinforce public stigma and misinformation and inhibit communication about mental health problems and help-seeking behaviour.*

### Introduction

Mental health can be defined as “...a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization [WHO], 2014, 2018). Aligned with this definition is also the conceptualisation that mental health is more than the absence of mental health problems<sup>1</sup> (WHO, 2018), which are commonly associated with difficulties in emotion, cognition and social abilities that impinge upon functioning in various areas of life, such as social, work or family activities. Individuals with mental health problems are one of the most vulnerable groups in society. One in four people in the UK will experience a mental health problem in any given year (HM Government, 2017). It is also a well-known fact that the vast majority of people with mental health problems are exposed to stigma and discrimination, which substantially and negatively impacts their quality of life and recovery (Reavley et al., 2016). Perceptions and stigma of mental health problems are typically shaped through public discourse, such as newspapers and social media, rather than personal experiences (Anderson, 2003).

In *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963) defined stigma as an “attribute that is deeply discrediting” which reduces the stigmatised individual “from a whole and usual person to a tainted, discounted one” (p. 3). Thornicroft and colleagues (2007) conceptualised stigma as a problem of knowledge (both ignorance and misinformation), attitudes (prejudices) and behaviour (discrimination). Stigma can be understood as a process that involves labelling, stereotyping and then separating the labelled person through an ‘us’ versus ‘them’ group dichotomy, leading to discrimination and status loss (Link & Phelan, 2006). It can be further categorised as either public stigma or

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<sup>1</sup>Whereas the terms ‘mental illness’ and ‘mental disorder’ reflect a medical stance on psychological difficulties and impaired functions that attract a psychiatric diagnosis, this study uses the term ‘mental health problem’, which refers to the same affected domains but might not result in a formal diagnosis (Fuller et al., 2000). The term ‘mental health problem’ also aligns with the author’s humanistic stance as a psychological scientist-practitioner.

self-stigma, with the latter relating to the internalisation of societal prejudices leading to negative experiences, such as shame, low self-esteem and confidence, and negative emotions (Corrigan & Watson, 2002; Corrigan, 2007; Whitley & Campbell, 2014).

Stigma also affects family members, friends and carers who suffer prejudice and discrimination due to their association with individuals with a mental health problem (Ostman & Kjellin, 2002), in a situation which is referred to as 'courtesy stigma' (Goffman, 1963). Such stigma is not only experienced in everyday interactions (for example, friends, family, and colleagues), but it is reflected in the structural stigma of discriminatory attitudes ingrained at cultural, political and institutional levels (Corrigan et al., 2005; Knifton, 2012; Knifton & Quinn, 2008). Media discourse is complicit in perpetuating societal stigma, harassment and victimisation, which impacts profoundly on individuals with mental health problems. For example, stigma is a barrier to seeking help, due to the reluctance of those affected to disclose and discuss their conditions (Brohan et al., 2012; Clement et al., 2015; Corrigan et al., 2014).

### **Mental health reporting in newspapers**

There has been a consistent trend of sensationalised, biased and negative newspaper coverage of mental health problems, which creates and reinforces stigma against the affected individuals (Corrigan et al., 2005; McGinty et al., 2016). Researchers have consistently identified that newspaper coverage links mental health problems – in particular psychotic disorders – with violence and aggressiveness, or portrays people as being dangerous (see, for example, Bowen, 2016; Bowen et al., 2019, Corrigan et al., 2005; McGinty, 2016; Nawková et al., 2012; Whitley & Berry, 2013). In reality, people with mental health problems are far more likely to be the victims of crime rather than the perpetrators. There is little evidence that individuals with mental health problems would be more likely to engage in violent behaviour compared to the general population (Cutcliffe & Hannigan, 2001; Thornicroft, 2006, 2020), and there has been a steady decline in homicides carried out by individuals affected by mental health problems (Large et al., 2018). The media association between mental health problems and themes of violence, dangerousness and aggression is not constrained to UK newspaper reporting, but occurs globally, including in Australia (Kenez et al., 2015), Bermuda (Roberts et al., 2013), Bulgaria (Calo & Băba, 2013), Canada (Whitley & Berry, 2013), Germany (Angermeyer & Schulze, 2001), Ghana (Mfoafo-M'Carthy et al., 2016), Japan (Kunitoh & Suzuki, 2015), Portugal (Rodrigues-Silva et al., 2017), Spain (Aragonès et al., 2014), Turkey (Aci et al., 2020) and the US (Corrigan et al., 2005).

Research on how mental health problems are represented in newspapers has shown that articles on crimes committed by those affected by mental health problems are significantly longer and contain more pejorative language than other health-related news stories (Carpiniello et al., 2007). Articles depicting adults with mental health problems are also less accurate and more stigmatising than equivalent stories on children (Slopen et al., 2007), and articles about men are more stigmatising than those about women (Whitley et al., 2015). Stigma and emotionally-charged prejudices towards people with mental health problems are further exacerbated through the use of derogatory terms (for example, "psycho"), sensationalist language (Nawková et al., 2012), and metaphorical usage (for example, "the schizophrenic weather") (Duckworth et al., 2003; Lampropoulos et al., 2017; Murphy et al., 2013; Rose et al., 2007). Newspaper reports also show a marked tendency to portray people with mental health problems as incapable, or too disabled to live fulfilling lives (Rhydderch et al., 2016). It has been identified that negative newspaper

representations increase newspaper readers' stigmatising attitudes about mental health problems (Angermeyer, 2005; McGinty et al., 2013; Reavley et al., 2016), whereas exposure to representations that indicate the normality of symptoms associated with mental health problems within the general population results in fewer stigmatising beliefs (Schomerus et al., 2016).

In contrast to the frequent negative sensationalist headlines relating to psychotic disorders, news stories on depression, anxiety and eating disorders are rarely associated with other-directed aggressive behaviour (Nawka et al., 2012; O'Hara & Smith, 2007; Shepard & Seale, 2010), and tend to be portrayed more sympathetically (Bowen & Lovell, 2019). Research has also explored chronological changes in newspaper reporting, indicating that anti-stigma campaigns result in an overall reduction in stigmatising newspaper content (Anderson et al., 2018; Rhydderch et al., 2016; Thornicroft et al., 2013). Conversely, articles about schizophrenia remain stigmatising compared to those with a focus on depression (Hildersley et al., 2020). Despite a positive trend, negativity still prevails in newspaper reporting, which continues to create and reinforce public stigma against individuals affected by mental health problems, leading to societal segregation (Sheehan et al., 2016).

### **Aims of this study**

Although the exploration of newspaper representations of mental health problems has received ample attention in the social sciences, there is a gap in existing research on the stigmatisation and discrimination process; a gap related to exploring the views and perceptions of individuals with lived experiences of newspaper reporting on mental health problems, and how these representations affect them. Through a series of focus groups and in-depth interviews, this exploratory study aimed to identify the impressions of individuals with lived experiences on how newspapers write about mental health problems. Special attention was given to explore the negative consequences of inaccurate and unbalanced mental health newspaper reporting.

### **Method**

#### **Design**

Focus groups were used to obtain an in-depth insight into individual and collective views on reports of mental health problems in UK newspapers. It was anticipated that the focus groups would promote conversation, interaction and discussion about the participants' views, experiences and perceptions. In-depth interviews were conducted with participants who met the inclusion criteria but were not able to attend the focus groups and wanted their views to be included. The use of interviews was a pragmatic decision, intended to increase inclusivity (Baillie, 2019) by conceptualising participation through the lens of social equality (Quayle & Cariola, 2019). As such, the study produced a multifaceted dataset that highlights different perspectives and insights and includes the views of those with lived experiences.

The interviews complemented the focus groups, in the sense that interviews tend to facilitate the disclosure of socially and personally sensitive topics in more depth, compared to focus group responses, which produce a greater breadth of insights. The focus groups and interviews were conducted with individuals who self-identify as being directly (namely, diagnosed with a long-term mental health problem) or indirectly (for example, being a carer or relative of an individual diagnosed with a mental health problem) affected by mental health problems, as both groups are recipients of stigma and discrimination.

Whereas societal processes tend to marginalise the experiences and voices of those directly or indirectly affected, this study ensured the representations of those with lived experiences and welcomed their critical views on newspaper reporting and societal beliefs about mental health problems. Participants in this study are considered as experts based on their own personal experiences, enabling “the individual to speak with authenticity” (Pathway, 2017, p. 10). The feedback and involvement of individuals with lived experiences of mental health problems in mental health research is assumed not only to foster social inclusion but also to have an invaluable contribution to influencing service provision, affecting shifts in power and radical revaluation of socio-culturally embedded attitudes and beliefs (NHS, 2018; Rethink Mental Illness, 2017).

### **Participants**

A total of 16 individuals (12 women, three men and one non-binary) with a mean age of 42.75 years (range = 24-72) participated in focus groups (n = 11), and interviews (n = 5) with those individuals who were not able to attend the focus groups but wanted their views to be included. Participants were recruited using a purposeful sampling strategy. The inclusion criteria required participants to self-identify as being directly or indirectly affected by mental health problems. Participants were also required to be at least 18 years old.

Participants were recruited through a flyer with a call for participation that was disseminated to local mental health charities, self-help groups and mental health support services in the UK, who then forwarded the flyer to their networks. Flyers were also disseminated through student disability services and social media sites of local mental health groups. Potential participants contacted the researcher to express their interest in taking part in the study.

### **Procedure**

Two focus groups and five semi-structured online interviews were digitally recorded and transcribed. The focus groups lasted between 75-94 minutes each, and the interviews were conducted using Skype and lasted between 15-43 minutes. Participants were provided with information about the purpose of the study, informed about their ethical rights to withdraw, and given the opportunity to ask questions about the study. Participants were also informed that the study would be confidential and that all data would be anonymised. All participants provided informed consent and confirmed their agreement for the focus groups and interviews to be digitally recorded.

The focus groups and interviews were semi-structured, with open-ended questions which enabled the interviewer to follow participants’ cues in a non-directive way to encourage participants to elaborate on their responses and provide a deeper understanding. Subsequently, all participants were thanked for taking part in the study.

This study received ethical approval from the University of Edinburgh Research Ethics Committee.

### **Focus group and interview questions**

The focus groups and interviews aimed to explore the participants’ views on representations of mental health problems in UK newspaper coverage, and how this coverage may relate to public understanding of mental health problems and societal stigma. In particular, the focus groups were framed as open discussions which provided a space for participants to explore

ideas around possible alternative reporting on mental health, and strategies for journalists to provide more balanced and accurate newspaper reports.

The interviews were semi-structured, with open-ended questions focussing on how participants viewed and felt about newspaper reporting on mental health problems. This enabled the interviewer to follow participants' cues using non-directive questions, to encourage participants to elaborate on their responses, providing a deeper understanding of the challenges of mental health reporting in newspapers. The interview questions were informed by existing literature on mental health media reporting.

### **Thematic analysis**

Once all of the recordings were transcribed and anonymised, a thematic analysis was conducted. The coding utilised the qualitative software package NVivo 10. This allowed for the development of relevant themes, using a systematic framework to capture the complexity of meaning in the textual data (Braun & Clarke, 2006, 2014). A deductive approach to thematic analysis was used to develop codes that reflected discussion questions, and an inductive approach was also used to develop codes and themes from the text that spanned across the entire data of the focus group and interview responses within their broader context (Vaismoradi et al., 2013).

The thematic analysis was conducted following the guidelines as outlined by Braun and Clarke (2014). Based on their guidelines, good thematic analysis involves a six-step procedure and a 15-point checklist of criteria, including 1) familiarising yourself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report. To ensure reliability and reduce bias, the codes and themes were evaluated and discussed with another researcher.

### **Results**

From the analysis of the focus group and interview data, two themes were developed that describe the impressions that people with mental health problems have of press representations of mental health problems, and the negative consequences that inaccurate newspaper reporting on mental health problems have on those affected: (A) perceived misrepresentations about mental health problems, (B) perceived consequences of misrepresentations. The themes and sub-themes are outlined below.

#### **Theme A — Perceived misrepresentations about mental health problems**

This theme illustrates that newspaper reporting is perceived as sensationalist, and provides inaccurate information about mental health problems. Misrepresentations also create misunderstandings relevant to perceptions about mental wellbeing and accessing treatment.

**Portrayals of danger and crime.** Consistent with existing research, participants perceived that newspaper coverage tends to provide an inaccurate and unbalanced portrayal of “people with mental health problems as dangerous and I don’t know necessarily if that’s true” (FG1P4). Such negative representations in the newspapers were seen to arise from rushed reporting, which is “kind of lazy in a way...as opposed to actually investigating something” (FG2P3). The resulting misrepresentations create a skewed understanding of mental health problems with the effect of “scaring people ‘cause people are more likely to read and remember it than something a bit more boring and normal” (I4).

Participants in the focus group discussion thought that newspapers covering crime stories involving bodily harm tend to associate the perpetrator with some alleged underlying

mental health diagnosis, for example, “a man stabbed another man 11 times and they decided that this was mental health, even though there was no diagnosis” (FG2P3). This creates an artificial and erroneous separation between “ordinary” (I1) people committing a crime and those diagnosed with a mental health problem.

**Suicide.** Some participants perceived that newspaper reporting on suicide tends to be sensationalist “to grab the attention of the reader” (FG2P2). Speculations about triggers for suicide and detailed information about methods used can also have devastating results in encouraging so-called “copycat suicides when they talk in detail about methods” (FG2P6), especially in young people. Newspapers that use criminal terminology when referring to suicide, “committing suicide” (I2), are also making misleading claims about the legal status of suicide, which reinforces negative attitudes towards mental health problems, and further fails to respect the dignity of the people who have completed suicide. Only one participant mentioned that there seems to be a greater awareness of suicide in men, and an increased public discussion of suicide in LGBT youth:

*We’re now getting a civilised discussion of transgender issues because my understanding over the years having worked with LGBT organisations is that the suicide and self-harming rate of young LGBT people and transgender people is very high. (I5)*

**Lack of differentiation.** Participants thought that newspaper coverage on common mental health problems, including anxiety and depression, is presented more accurately, “I think the media are much better now in the way they depict depression, anxiety” (FG1P1). This was compared to less common mental health problems, which are written about in a way that lacks differentiation and accuracy. For example, one participant described that there is often confusion:

*...particularly with paranoia schizophrenia. There’s a lot of misconceptions. To this day, I still meet people who think that that’s actually dissociative identity disorder, which is a completely different diagnosis. They still believe that paranoid schizophrenia is a split personality, which it’s not. (FG2P4)*

Another participant stated that the general perception of Obsessive Compulsive Disorder (OCD) is limited to the idea of “just someone who’s gonna get overly fussy or tidy and things, it’s not really recognised as a kinda debilitating condition it can be” (FG1P1). Such an undifferentiated approach to reporting on mental health problems would be inconceivable in relation to newspapers reporting on physical illness “like you would never put cancer, leukaemia, and other physical conditions under one umbrella” (FG1P3).

**Perceptions of mental wellbeing.** Newspapers seem to convey an unrealistic understanding of mental wellbeing, and there is societal pressure:

*...to get well, get well, get well. Rehabilitation, rehabilitation. But actually, that’s not helpful because everybody has a bad day. (FG2P3)*

It is important to recognise these occasional bad moods as normal and acceptable parts of life, for example, “Nobody had told her before that that was okay and she was allowed to feel mentally unwell. And she was allowed to seek help” (FG2P1). Similarly, participants felt that newspapers seem to create a sense of fear regarding the symptoms associated with

mental health problems, when in most cases, people tend to experience oscillations across the mental health spectrum throughout their lives:

*...poor mental health, good mental health, somewhere in the middle. Everybody has it. And it can it just sort of swing back and forth.*  
(FG2P3)

**Beliefs about recovery and accessing treatment.** Although participants felt that celebrities' self-disclosures may have had a positive societal effect on speaking more openly about mental health problems, some participants stated that newspaper reporting on celebrities who have undergone residential rehabilitation, or 'rehab', provides the public with a skewed understanding of recovery. That is to say, recovery is not "always a straight line" (FG2P6), but it is a complex process, and relapses are very common.

Participants also thought that newspaper reporting on celebrities' mental health problems would set up unrealistic expectations about accessing psychological treatment. Celebrities can often afford costly treatments: "they've also got financial backing that comes with that, or support, or other things that make it more possible for them to manage their condition" (FG1P3). Conversely, the general public would have fewer options available for treatment, which can make those affected "lose hope, for either getting treatment or if they've been backed up, and that can end up with alienating people with chronic conditions" (I4).

#### **Theme B — Perceived consequences of misrepresentations**

This theme concerns the negative consequences that biased and inaccurate newspaper reporting on mental health problems has on those affected. Participants felt that the stigmatising portrayal of mental health in newspapers inhibits open communication about lived experiences, increases fear of being labelled and diagnosed with a mental health disorder, and may also impact the patient-doctor relationship.

**Talking openly about mental health problems.** Participants agreed that sensationalist and negative newspaper coverage "creates a general climate of stigmatisation" (I1) and discourages those affected from openly talking about their personal experiences "because people don't want to talk about it" (FG2P3) or "to talk openly about being on anti-depressants" (I1).

Participants also perceived newspaper coverage on anxiety and depression to be portrayed in a more compassionate way, resulting in greater public acceptance than that relating to serious mental health problems:

*...it's like to have anxiety is more socially acceptable... (FG2P2)*

*...because we've all experienced anxiety in one form or another.  
We haven't all experienced auditory hallucinations or visual  
hallucinations. (FG2P3)*

As a consequence, it has become more acceptable to speak openly about personal experiences of anxiety and depression:

*...and I know quite a lot of people who identify as having that  
condition. Then it's less scary, and it's something...I feel more confident in  
saying that the image I have of it is more correct. (FG2P5)*



**Being labelled and defined.** Participants thought that sensationalising and inaccurate reporting of mental health problems influences societal and public opinions. For example, being diagnosed with mental health problems can lead to experiences of prejudice and stigma, such as being perceived as dangerous or too vulnerable:

*...a little bit more precious and not robust enough to be able to handle more, sort of, adversarial sort of situations. (FG1P4)*

This can have a long-term impact on those affected, including creating self-doubt, undermining self-confidence, and further resulting in social isolation and marginalisation. Participants also felt that stigmatising representations would reduce the affected person to a mental health patient, and by doing so ignore other characteristics and interests that characterise and connect the person to society, including arts or music:

*...there's so many other aspects to someone's character, the interests they have, the passions they have, completely disconnected to their mental illness. (FG1P3)*

**Relationship between patients and doctors.** Participants mentioned that newspaper reports on mental health might influence the patient-doctor relationship. For example, they pointed out that newspapers write about interventions that portray a prescriptive solution to mental health problems, including mindfulness:

*...about this mindfulness thing. Like, it's a buzzword at the moment... it's almost ascribing a one size fits all solution to it. Because it's like, yes, if you're having these symptoms, mindfulness is what you need. It's not like, go and talk to a GP and learn about your individual situation or discuss how you are feeling as an individual. (FG2P2)*

Participants thought that mindfulness apps encourage social isolation and “disconnection with your environment, with people, and your surroundings, your family or whoever” (FG2P3). Rather than telling readers to use mindfulness or mental health apps, participants felt that newspapers should encourage readers to speak to their GP about their mental health.

## **Discussion**

By exploring the perspective of individuals with lived experiences, this study aimed to better understand the relationship between newspaper reporting and public beliefs of mental health problems. As such, this study revealed valuable insights into the participants' critical views as readers of mental health newspaper articles. The results of this study yielded two themes: firstly, perceived misrepresentations about mental health problems, and secondly, perceived consequences of misrepresentations.

Largely consistent with existing research, it is evident that the participants perceived newspaper reporting to be a powerful medium in shaping the public understanding of mental health problems, and that this can have direct negative consequences for those affected. It was also pointed out that the stigmatising information communicated in newspapers about mental health problems reinforces the notion of a ‘mental illness identity’ that indirectly discourages any type of self-disclosure. Thus, seeking professional help is perceived as a failure, and speaking openly about personal experiences, particularly serious mental health problems, carries the risk of being treated unfavourably by society, including

work discrimination (Follmer & Jones, 2018). Participants also perceived that newspaper coverage might have an influence on patient-doctor relationships, which may directly affect the quality of care they receive.

Another observation was that newspapers do not tend to differentiate sufficiently between mental health problems, which can result in confusion and lack of mental health literacy. The overly negative portrayals of mental health problems in the news also contrast with newspapers' unrealistic standards of mental wellbeing, making individuals with mental health problems feel isolated in their experiences, leading to self-stigma. Although celebrities have made it more acceptable to speak openly about personal experiences, their cases also highlight existing societal inequalities in accessing mental health treatment. Such societal inequalities do not only mirror a higher prevalence of mental health problems in poorer populations but also have a profound impact on recovery and quality of life (WHO, 2014).

To provide more balanced news coverage on mental health problems, participants outlined the following recommendations, emphasising the need for: (a) journalistic practice that is characterised by integrity, empathy and accountability; (b) accurate and well-researched news stories that provide balanced perspectives on mental health problems; (c) news stories that encourage open communication about mental health problems; d) real-life stories of those with lived experiences that offer hopeful perspectives to the reader; (e) an educational focus with information on enhancing mental wellbeing. These recommendations aim to facilitate better public understanding and knowledge of mental health problems and wellbeing so that the community can provide better support to those directly and indirectly affected by mental health problems. That is, journalists and media workers are encouraged to assume a constructive and solution-orientated stance that is aligned with the premises of positive psychology, to enhance people's lives by promoting understanding and empathy, avoiding bias toward negativity and sensationalism (Aitamurto & Varma, 2018; Hermans & Drok 2018).

### **Limitations and future research**

This study does have some limitations. For example, the participants self-identified as being directly or indirectly affected by mental health problems, and as such, it is not possible to generalise the study results to a larger population (Leung 2009). The recommended sample sizes for thematic analysis are relatively unclear (Braun & Clarke, 2013), particularly in relation to hard-to-reach groups such as those affected by long-term mental health problems (Baker & Edwards, 2012). Compared to the positivistic stance of quantitative research, the relatively small sample size in this qualitative study might present another limitation, however, it needs to be recognised that the focus groups and interviews encouraged in-depth discussions and sharing of personal experiences. The analysis of the transcripts also indicated that thematic saturation was reached, due to the repetition of themes and comments across the focus groups and interviews.

The researcher's behaviour and attitude may have impacted the focus group discussion and construction of the so-called 'other' (Smithson, 2000). In this research, as the focus group facilitator – a white, middle-class woman, and psychologist – the author might have influenced the discussion, particularly within the context of 'mental health', which is sensitive to power imbalances. Future research should explore the systemic role of mental health newspaper reporting in creating and reinforcing mental health stigma, and its

potential to create awareness and empathic understanding in the public realm towards those affected, their mental health problems, and their mental wellbeing.

### **Conclusion**

This study helped to provide a better understanding of the views of individuals directly or indirectly affected by mental health problems, and their impressions of newspaper reporting on mental health problems. This was achieved by including individuals with lived experiences as a way for their views and voices to be heard. The qualitative approach used in this study demonstrated that focus groups and in-depth interviews are a useful method for obtaining valuable data to explore how stigmatising processes operate through newspaper reporting in the lives of those affected. It also provides a framework for exploring alternative forms of newspaper reporting that meet the interests and wellbeing needs of the readers, rather than merely profiting the newspaper companies.

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